

## TRANSMITTAL FORM

Attorney Docket No  
RAL919990139US3/3899P

In re the application of: Brian M. BASS et al. Confirmation No: 6884

Serial No: 10/650,327

Group Art Unit: 2162

Filed: August 28, 2003

Examiner: Ly, Anh

For: Full Match (FM) Search Algorithm Implementation for a Network Processor

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group		
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal		
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief		
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter		
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard		
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):		
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer				
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers				
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address				
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .					
<input type="checkbox"/>	Executed Declaration by Inventor(s)						

## CLAIMS

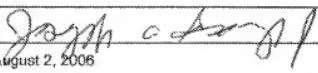
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEES
Total Claims	10	45	0	\$ 50.00	\$ 0.00
Independent Claims	1	4	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

## METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation).

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name Joseph A. Sawyer, Jr., Reg. No. 30,801

Signature 

Date August 2, 2006

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Anh Ly via the USPTO EFS-Web on August 2, 2006

Type or printed name Jinny Nguyen

Signature 